M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09711

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons (Rural) LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons (Rural)
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Daniel (Middle) R. (Last) Barrett

4. DATE OF DEATH (Month) Oct. (Day) 14, (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH July 22, 1863
9. AGE last birthday 88 yrs. If under 1 year Months 2 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oysterman
10b. KIND OF BUSINESS OR INDUSTRY Waterman
11. BIRTHPLACE (State or foreign country) Calvert County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Barrett
14. MOTHER'S MAIDEN NAME Rebecca Gott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mrs Harry Humphrey - Solomons, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) — Heart failure - due to

434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertrophic heart x decompensation

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10, 1951, to 10/15, 1951, that I last saw the deceased alive on 10/15, 1951, and that death occurred at 2 m., from the causes and on the date stated above.

SIGNATURE R. Williams (Degree or title) ADDRESS St Leonard, Md DATE SIGNED 10/15

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 16, 1951
NAME OF CEMETERY OR CREMATORY Middleham Chapel
LOCATION (City, town, or county) (State) Lusby - Calvert Co., Md.

DATE REC'D BY LOCAL REG. 10/16/51
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Hackness & Son - Mutual, Md. ADDRESS

RECEIVED
OCT 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09712 52

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County: Calvert

City or town: Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred: Calvert Co. Hospital

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Calvert

City or town: Dunkirk

(If outside city or town limits, write RURAL and give nearest town)

Street No. .....

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME Brady, Annie Virginia

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Joseph Brady

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 28, 1877

8. AGE: Years	Months	Days	If less than one day
74			..... hrs. ..... min.

9. Birthplace: Chaneyville Md (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business .....

FATHER — 12. Name: Henry Lear

13. Birthplace: Mt Harmony Md

MOTHER — 14. Maiden name: Ella Hardesty

15. Birthplace: Lower Marlboro Md

16. Informant: Mrs Lyle Conaway

Address: Bristol Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 3 1951 (month) (day) (year)

Cemetery or crematory: Smithville Cemetery

Location: Dunkirk, Md.

18. Funeral director: Wm. H. Hutchins

Address: Owings, Md

19. Oct 2 1951 (Date rec'd by registrar) Grace L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 1 1951 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 29 1951, to Oct. 1 1951

and that I last saw h- alive on Sept. 29 1951

Immediate cause of death	DURATION
Coronary Occlusion	3 days
Due to: Hypertensive C.V.D.	
Due to:	
Other conditions	

420.1

93d

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Prince Frederick Md. Date signed 10/1/51

RECEIVED
OCT 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09713

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Calvert — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Beach — LENGTH OF STAY (In this place) MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Calvert — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jack (Middle) — (Last) Carter

4. DATE OF DEATH: (Month) 10 (Day) 10 (Year) 19 51

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH Jan 20 1916 — 9. AGE Last birthday 35 yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Not known — 14. MOTHER'S MAIDEN NAME Emma Jane Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes. (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. 216-14-477 — 17. INFORMANT AND ADDRESS Sadie Brown, Willows, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Gunshot wound of left side — Interval between onset and death: 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Was eating in Back yard

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) N. Beach — (COUNTY) Calvert — (STATE) Md

TIME OF INJURY (Month) 10 (Day) 10 (Year) 51 (Hour) 10:00 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Owner of yard shot him

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) — ADDRESS Owings Md — DATE SIGNED 10/11/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-14-51 — NAME OF CEMETERY OR CREMATORY Mt Hope — LOCATION (City, town, or county) Calvert Co. — (State) Md

DATE REC'D BY LOCAL REG. 10-11-51 — REGISTRAR'S SIGNATURE A. H. Ward — 24. FUNERAL DIRECTOR P. Z. Sewell, Prince Frederick, Md — ADDRESS

820105

RECEIVED
OCT 15 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~ DEATH ~~Birth~~ 092 Reg. Dist. No. 57

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF STILLBIRTH

County: Calvert — MARYLAND

City or Town (If outside city or town limits write "RURAL" and nearest town): Prince Frederick

Street address, hospital or institution:

Length of mother's stay in this County (Give years, or months or days): 6 yrs.

2. USUAL RESIDENCE OF MOTHER

State: Md.

County: Calvert

City or Town (If outside city or town limits write "RURAL" and nearest town): Prince Frederick

Street Address:

(First) (Middle) (Last)

3. CHILD'S NAME

4. Sex: M

5. Twin or other — If so, born 1st, 2nd, 3rd:

6. DATE OF BIRTH (Month WRITE OUT) (Day) (Year): October 11 1951

FATHER OF CHILD

7. Full name: Edward Lindberg ~~Crochran~~ Cochran

8. Color or race: W

9. Age (at time of this birth): 24 yrs.

10. Birthplace (State or foreign country): Md.

11. Usual occupation: Contractor

Kind of business or industry:

MOTHER OF CHILD

12. Full maiden name: Mrs. ~~John~~ Joan Shuman ~~Crochran~~ Cochran

13. Color or race: W.

14. Age (at time of this birth): 21 yrs.

15. Birthplace (State or foreign country): D.C.

16. Number of OTHER children born to mother (Do NOT include this child)

Now living	Born alive but now dead	Born dead	Total Children (Not including this child)
1	0	1	2

17. Length of pregnancy: 16 weeks

Weight of child at birth: 1 lbs. — oz.

18. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

(a) Fetal causes: Prematurity

(b) Maternal causes:

776x

159

19. State any complications of pregnancy and labor

20. State all operations for delivery

Burial, Cremation, Removal, (Specify): Burial

Date: 10-12-51

Cemetery or Crematory: Private

Location:

Funeral Director: Edward L. Cochran

21. I hereby certify that this child was born dead on the date stated above at ..... m.

Signature: [signature]

Physician ☐ Midwife ☐ Other ☐

Address:

Date signed:

Date rec'd by local Reg.: 10-11-51

Registrar's signature: H. W. Ward

If NOT attended by physician

"The above certificate has been examined by me."

Health Officer, per .....

Child lived 10 minutes

V.S. A10

10011 213160

RECEIVED
OCT 25 1951
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09715

CERTIFICATE OF DEATH

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dunkirk — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dunkirk Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	W.	Ford	10	30	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C	Married	2-7-1903	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Tenant		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Ford	Marie Contie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	579-16-9967	Elsie Ford Dunkirk Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 2/10, 19[illegible], to 10/30, 1951, that I last saw the deceased alive on 10/30, 1951, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Huntingtown. DATE SIGNED 11/1/51

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-2-51	Coopers	Chaney, Calv	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/1/51	H. W. Ward	P.E. Sewell & Sons	Fred, Md.

RECEIVED
NOV 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09716

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owing
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jimmy (Middle) (Last) Heigh Jr
4. DATE OF DEATH: (Month) 10 (Day) 9 (Year) 19 8
5. SEX: M
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 10/6/43
9. AGE last birthday: 8 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jimmy Heigh
14. MOTHER'S MAIDEN NAME: Henerritta [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: C. [illegible] Owings Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] — 3 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Auto accident

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Hyway — (CITY OR TOWN) Owing — (COUNTY) Calvert — (STATE) Md
TIME OF INJURY (Month) 10 (Day) 9 (Year) 51 (Hour) 8:30 A m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Auto accident

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title) [illegible] ADDRESS: Md — DATE SIGNED: 10/9/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-13-51 — NAME OF CEMETERY OR CREMATORY: Mt Hope — LOCATION (City, town, or county): Calvert — (State): Md

DATE REC'D BY LOCAL REG.: 10-12-51 — REGISTRAR'S SIGNATURE: H. W. Ward — 24. FUNERAL DIRECTOR: P. E. Sewell — ADDRESS: Prince Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Huntington — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Huntington
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Jerome (Middle) (Last) Heigh
4. DATE OF DEATH: (Month) 1 (Day) 6 (Year) 1951
5. SEX: M
6. COLOR OR RACE:
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: July 12 1930
9. AGE last birthday: 21 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm
10b. KIND OF BUSINESS OR INDUSTRY: Defense
11. BIRTHPLACE (State or foreign country): Huntington
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Muriel Heigh
14. MOTHER'S MAIDEN NAME: Laura Chase
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Muriel Heigh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal injuries

x19.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broken neck

170 C (c) Auto accident

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway — (CITY OR TOWN) Huntington (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 6 50 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): Coroner Md — ADDRESS: — DATE SIGNED: 10/6/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-10-51 — NAME OF CEMETERY OR CREMATORY: St John's — LOCATION (City, town, or county): Lower Marlboro — (State): Md

DATE REC'D BY LOCAL REG.: 10-8-51 — REGISTRAR'S SIGNATURE: H. W. Ward — 24. FUNERAL DIRECTOR: P. E. Sewell Prince Frederick — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Item 18 from CD files 11/1/51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

69718

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vares — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vares
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lucy (Middle) (Last) Leeman
4. DATE OF DEATH (Month) 10 (Day) 29 (Year) 1951

5. SEX F
6. COLOR OR RACE —
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 2/15/1924
9. AGE last birthday 27 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Randie Leeman
14. MOTHER'S MAIDEN NAME Edith Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Edith Leeman

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculosis (Pulmonary, far advanced) — 8 mo

22X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diagnosed by Clinic

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. W. Ward OME Owing Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 10-31-51 — NAME OF CEMETERY OR CREMATORY Hum Point — LOCATION (City, town, or county) Calvert Co. (State) Md

DATE REC'D BY LOCAL REG. 10-29-51 — REGISTRAR'S SIGNATURE H. W. Ward — 24. FUNERAL DIRECTOR [illegible] — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

09719

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Calvert; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown; LENGTH OF STAY (in this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Laura; (Middle) B.; (Last) Ramsey

4. DATE OF DEATH: (Month) Oct; (Day) 22; (Year) 19 51

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Oct. 27, 1862

9. AGE last birthday: 89 yrs. If under 1 year: Months 8; Days 18; If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Calvert County Welfare Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral accident

331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

83a (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6 19[illegible], to 10/22 19 51, that I last saw the deceased alive on 10/22 19 51, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) — ADDRESS Huntingtown — DATE SIGNED 10/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 24, 1951 — NAME OF CEMETERY OR CREMATORY: Ashway Cemetery — LOCATION (City, town, or county) (State): Barstow, Md.

DATE REC'D BY LOCAL REG. 10-24-51 — REGISTRAR'S SIGNATURE: H. H. Ward — 24. FUNERAL DIRECTOR AND ADDRESS: C. A. Harkness & Son - Mutual, Md.

RECEIVED
OCT 25 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09720

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Naomi (Middle) S. (Last) Young

4. DATE OF DEATH: (Month) Oct. (Day) 12, (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: July 12, 1913

9. AGE last birthday: 38 yrs. If under 1 year: Months 3 Days 0 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilson Cleland

14. MOTHER'S MAIDEN NAME: Mary Jane Faville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 000

17. INFORMANT AND ADDRESS: Halsey Young - Prince Frederick Md

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis

171X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 48a (b) Carcinoma of uterine cervix

(c) – anemia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to 10-12, 1957, that I last saw the deceased alive on 10-12, 1957, and that death occurred at 11:30 m., from the causes and on the date stated above.

SIGNATURE R. Williams (Degree or title) ADDRESS St Leonard, Md DATE SIGNED 10/12/57

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Oct. 14, 1951 | NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery | LOCATION (City, town, or county) (State): Prince Frederick, Md

DATE REC'D BY LOCAL REG. 10/15/51 | REGISTRAR'S SIGNATURE: N. N. Ward | 24. FUNERAL DIRECTOR ADDRESS: A. A. Harkness & Son - Mutual, Md.

RECEIVED
OCT 25 1951
BUREAU V. S.